## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025140 (9)

FLORIDA CHEFS, INC.

FILED
May 22 1998 8:00am
Secretary of State



Principal Place of Business	Mailing Address					
2295 CORPORATE BLVD NW	2295 CORPORATE BLVD NA	1				
SUITE 140 SUITE 140  BOCA RATON FL 33431 BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE		
BOCA RATON FL 33431	DOOR NATON PL 33431			3. Date Incorporated or Qualified		
				03/19/1997		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21 187 55 MIZNEY BLUD	26 187 S.F. MIZNER BLUB		650750257	No	t Applicable	
Suite, Apl. #, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22	27			5. Certificate of Status Desired	Fee Re	quired
City & State	Cily & State			6. Election Campaign Financing	\$5.00	May Be
Zip 2 2 / 2 Country	28 BICA RATE			Trust Fund Contribution	Added to	o Fees
Zip 3 3 4 3 - 25 Country	Zip	Counti	У	8. This corporation owes or has paid the		
24 272 25	29 3343~ 30	<u>)                                    </u>		Personal Property Tax due June 30.		No No
Name and Address of Current	Registered Agent			10. Name and Address of New Registere	ed Agent	
WINDERMAN, HARRY ESO		8	I Name			
2295 CORPORATE BLVD NW		8:	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 140						
BOCA RATON FL 33431		8:	3]		•	
		8	4 City		85 Zip (	Code
			'	•		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-named corpo	oration submits this statement for the purpose	of changing its	s registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	if Horida. Such change was autl ions of Section 607.0505. Floric	horized t la Statuti	by the corporations.	on's board of directors, I hereby accept the a	ippointment as	registered
SIGNATURE Signature, typed or printed name of registered appe	and title if applicable (NOTE R	egistered A	gent signature require	d when reinstating) DATI		
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  PRESENCE T, SECURICAY,  FRANK ASSAR  STREET ADDRESS BORA RAIN FOR	Trager u DELETE	1 1 11TLE			☐ Change	Addition
NAME FRANK ASSTR	2 1	1.2 NAMI				
STREET ADDRESS 18735 MIDNER B	139 H39	13 STRE	et address			
CITY-ST-ZIP BORA RATION FO	33-13-	1.4 CRY	S1 · ZIP			
TITLE	DELETE	2.1 TITLE			Change	Addition
NAME		2.2 NAMI				
STREET ADDRESS		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP		2. 4 CITY	-ST-ZIP	-		
TITLE	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME		3.2 NAM				
STREET ADDRESS		3.3 STRE	E1 ADDRESS			
CITY-ST-ZIP		3.4 CITY	- \$1 - ZIP			
TITLE	☐ DELETE	4.1 TITLE			L Change	Addition
NAME	ļ	4. 2 NAM	E			
STREET ADDRESS	•	4.3 STRE	ET ADDRESS			
CITY-SI-ZIP		4.4 CITY	-ST-ZIP			
TITLE	DELETE	5.1 T(TLE			Change	Addition
NAME		5.2 NAM	E			
STREET ADDRESS		53 STRE	ET ADDRESS			
CITY-ST-ZIP		54 CHY	- ST - ZIP			
TITLE	☐ DELETE	6.1 TITLE			Change	Addition
NAME		6.2 NAM	į į			
STREET ADDRESS		6.3 STRE	ET ADDRESS			
CITY-SI-ZIP		6.4 CITY				
and the second of the second o	h this filing does not qualify for t			Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	information

4. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this arrival report or supplemental unusual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 13 if changed, or on an attachment with an address.

FAMILIE NOTO

W-15-88